STATEMENT OF

FORM 1	ORGANIZ (See instructi			Office use only
NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	Cince use only
Mutual of Om	aha Companies General Manag	ers PAC (COMPAC)		
		<u> </u>		
ADDRESS (number and	Mutual of Omaha P	laza 		
(Check if address is changed)				
	Omaha		J NE L	68175
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e			
(Check if address is changed)	sue.miner@mutual	ofomaha.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 3				
3. FEC IDENTIFICA	TION NUMBER	C C00103572		
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A	A)	
I certify that I have exami	ned this Statement and to the best of my kr	nowledge and belief it is true, con	ect and complete	
	Treasurer Galen F. Ullstro	Nm		
Type or Print Name of	Treasurer	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Signature of Treasurer	Electronically Filed by Galen F.	Ullstrom	Date 03	D 25 D 25 D 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information m	ay subject the person signing thi	•	_
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9	mmission 530	FEC FORM 1 (Revised 02/2009)